

## ABSTRACT

### SOCIAL WORK

DANIELS, ANGELA P. B.S. INDIANA UNIVERSITY OF PENNSYLVANIA, 1998

AN EXPLORATORY DESCRIPTIVE STUDY REGARDING FACTORS THAT  
CONTRIBUTE TO LACK OF RETENTION OF RECOVERING ADDICTS IN  
FAITH-BASED AGENCIES

Advisor: Hattie M. Mitchell, MSW

Thesis dated May 2003

This study examined retention of recovering addicts. The purpose of this study was to determine why recovering addicts leave faith-based agencies within six months to a year.

The study utilized an exploratory descriptive research design. The sample consisted of 20 recovering addicts from two different faith-based agencies and ten recovering addicts who had already left the agencies. The analysis consisted of percentages and chi-square analysis. The results indicated that the rate of retention among the two faith-based agencies were similar. The chi-square analysis found no statistically significance between the two churches. In conclusion, the study found that both churches had the same level of retention.

AN EXPLORTARY DESCRIPTIVE STUDY REGARDING FACTORS THAT  
CONTRIBUTE TO LACK OF RETENTION OF RECOVERING ADDICTS IN  
FAITH-BASED AGENGIES

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF SOCIAL WORK

BY

ANGELA P. DANIELS

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

MAY 2003

R= V T= 50

© 2003

ANGELA P. DANIELS

All Rights Reserved

## ACKNOWLEDGEMENTS

First, I would like to thank God without whom this undertaking would have been impossible. To my parents, words cannot express my thanks for all you have done. Mommy, thanks for the idea and Daddy, thanks for providing a place to do my research. To my grandparents who have gone before, (Artie, Ella Mae, Eleanor and Martha), and my remaining grandpa James, this is for you, your legacy continues. To my family and loved ones, thanks for everything from food, to book money, to proofreading. To Debra Brown you are a role model extraordinaire. To my professors and especially my thesis advisor Professor Mitchell, thanks for all your help and wisdom. To anyone I have forgotten, charge it to my head and not my heart. I love you all individually and collectively.



## TABLE OF CONTENTS

	Page Number
ACKNOWLEDGEMENT.....	ii
LIST OF FIGURES .....	v
CHAPTER	
I. INTRODUCTION.....	1
Statement of the Problem.....	3
Purpose of the Study.....	5
Significance of Study.....	6
II. LITERATURE REVIEW.....	7
Addiction and Recovery.....	8
Spirituality.....	16
Retention/Relapse.....	17
The Black Church.....	19
Theoretical Framework.....	20
Definition of Terms.....	21
Hypothesis.....	22
Variables.....	22
III. METHODOLOGY	
Research Design.....	23
Description of the Setting.....	23
Sampling.....	24
Data Collection and Instrumentation Procedure.....	24
Data Analysis.....	26
IV. PRESENTATION OF FINDINGS.....	27
V. SUMMARY AND CONCLUSIONS.....	34
Recommendations.....	35
Conclusions.....	36
Limitations of the Study.....	36
Suggested Research.....	36
VI. IMPLICATINS FOR SOCIAL WORK PRACTICE.....	37

APPENDICES.....	39
A. Consent Letter.....	40
B. Recovery Questionnaire.....	41
C. Additional Figures.....	43
REFERENCES.....	46

## LIST OF FIGURES

FIGURE	PAGE NUMBER
1. Demographics.....	27
2. Christian Rehabilitation.....	29
3. Twelve Step Program.....	29
4. Belief in Healing from Addiction.....	30
5. Participation in Group Discussion.....	31
6. Have You Committed Your Life to Christ.....	32
7. Number of Addicts in Faith-Based Agencies.....	33

## CHAPTER I

### INTRODUCTION

In the United States, a “war” has been declared against recreational chemical use for more than a century. Every U.S. president during the last half of the 20<sup>th</sup> century has either declared or renewed the “war” against drug abuse, maintaining that uncounted hundreds of billions of dollars have been spent in an effort to eliminate recreational chemical use/abuse (Doweiko, 2002). It is regrettable, but even after more than a decade of the “war on drugs,” there is little social work empirical research into the factors that contribute to the lack retention of recovering addicts in faith-based agencies.

A cursory review of empirical social work research literature, reveals that the lack of retention of recovering addicts in faith-based agencies in America has not been widely researched. Hence, this exploratory descriptive study will address a major gap in empirical social work research.

Substance abuse is of grave concern, not only because of its negative effects on the individual, but also because it adds additional burdens on the family and the community. Social workers need to understand the place of innovation in the delivery of spiritual, health, and mental health services to recovering addicts. Richardson and Williams (1990) suggest that blacks sometime experience other special hardships in the recovery process, including a lack of family support and difficulty adjusting to predominately white treatment systems that they perceive themselves as not belonging.

Perhaps, the faith-based churches in the African - American community can respond positively to these barriers for effective service delivery. A basic goal of the faith-based agencies in the treatment of recovering addicts is retention.

Practitioners must be aware of the organizational, professional, and environmental barriers to treatment and use creative outreach to involve a reluctant recovering addict's family in the process. Goals related to excessive substance abusive behavior must be agreed upon and set clearly. According to Brisbane and Womble (1985), for all the goals set, it is important to involve the recovering addict in this process, to have multiple incremental goals, and to establish a timetable for attaining objectives associated with each goal and points for reflection and monitoring throughout the treatment process.

Additionally, all social workers need to know that substance abuse and addiction accompany many situations, which challenge recovering addict's abilities to cope and frequently preempt their capabilities to address other concerns. Griffin (1991) notes that persons who are users take the drug for pleasure in order to achieve a sense of well being. These and other factors may create a wave of associated issues blocking the recovering addicts' abilities to remain in faith-based treatment programs.

The importance of the church as an informal social support in the lives of African Americans has been extensively documented. Not all churches are actively involved in the community. Some follow strictly the "privatistic" orientation, focusing essentially on their religious mission, (Ward, Billingsley, Simon & Burrus, 1994). The response of churches has been slow in developing recovering addicts' faith-based programs, there

appears to be increasing activity directed at addressing the needs of persons with addiction issues in the African - American community.

While it may be difficult for the majority of black churches to take on recovering addicts' as a major focus, social work professionals must work with faith based agencies to facilitate educational opportunities to reduce the stigma and ignorance that feeds continuing reluctance. Once the church's reluctance is overcome, it will bring to the challenge of recovering addicts' the strength of resilience and Christian life that have seen black Americans through their painful history.

Eric Lincoln, (1974), founding President of the Black Academy of Arts and Letters has written:

“To understand the power of the Black church it must be first understood that there is no disjunction between the Black church and the Black community and whether one is a “Church member” or not is beside the point in any assessment of the importance of the Black Church . . .”(p. 16).

Earlier, E. Franklin Frazier (1963) noted the secularization of the black church and growing interest in the affairs of the community. Social workers need to understand the tangible and intangible factors that shape the behavior of recovering addicts in faith-based agencies.

#### Statement of the Problem

Former First Lady Nancy Regan played a significant role in the War on Drugs. When the “Just Say No” program started, schools as well as other community agencies got involved to find ways to win the war on drugs. Churches have been no different.

They have started 12 step recovery programs in their churches and offered other services for the substance abuser. It is hard to get an estimated number of persons using illegal drugs; however, there are more than 11,000 treatment centers for drug and alcohol abuse. These services reported almost a million clients in 1993 (U.S. Bureau of the Census, 1996b). Some of the centers that treat substance abuse are faith-based and in some instances those who head the programs are not recovering addicts.

When recovering addicts come in and become apart of the recovery program and the church, they are excited in the beginning and do everything possible, trying to be accepted by their peers (recovering and nonrecovering addicts). However, if they are not totally committed to the program and the church their level of energy soon begins to dwindle and they start to lose interest. As a result of waned interest they begin to disassociate themselves with that group and finally leave after a short period of time. However, becoming a Christian is not the end of Christian life, it is the beginning. It is the enlistment in the army of the Lord, the recovering addicts' commitment to Christ and His way of living. Once the recovering addict is enlisted in the army of the Lord, training must follow to be sure that the recovering addict will grow in grace and in the knowledge of the Lord and Savior Jesus Christ. The recovering Christian addict will then go on to perfection in the active Christian service and fellowship. A new era of partnership with God is opening. Old habits must be broken and new ones formed (Crossland, 1949).

### Purpose of the Study

The purpose of this study was to identify key facts regarding the lack of retention of recovering addicts in faith-based agencies, and suggest new directions for further social work research. Charken and Charken (1990), note that it is difficult to break the circularity between sociopath and narcotic addiction, since the latter often contributes to the definition of the former. Expectation of this study was to attain more information about retention among recovering addicts in faith-based organizations. There is very little research done on this topic. Most of the research has been in relationship to the twelve-step program and its spirituality component. The church has been known through time as a hospital for those who are soul sick. As a part of the twelve steps recovery program addicts are taught to give themselves over to a "Higher Power." In giving himself or herself over to the will of the "Higher Power," the addict is admitting that he/she cannot handle the issues in their lives and must submit to the will of someone greater than they are.

The church, through its various ministries, teaches that being redeemed from the power and the guilt of sin, and converting to holiness, fellowship, and eternal reunion with God, is necessary if they expect to be successful Christians. "Redemption is descriptive of the whole life and work of Christ, and it covers the whole range of what happens to man in his being reclaimed and saved by God in Christ" (Van Deusen, 1960, p. 42).



### **Significance of Study**

**This exploratory descriptive study of factors contributing to the lack of retention among recovering addicts, in faith-based agencies, is essentially a significant contribution to the efforts of the social work profession to develop a body of specific empirical literature on recovering addicts and the role of the faith based agencies in their recovery.**

**The study raises some proactive questions about the recovering addict in faith-based agencies, which cultivate the use of, and an appreciation for inquiry and analysis as a tool to an effective grasp of the process. This topic is not normally dealt with at length, or in a systematic manner, in empirical social work research.**

## CHAPTER II

### LITERATURE REVIEW

Substantial research has documented a range of risk factors associated with substance abuse, the more factors which exists and interact with each other, the greater the probability of failed recovery. Zucher (1991) examined developmental factors and risk for alcohol and drug problems, highlighting “the importance of individual factors, such as genetic vulnerability, peer pressure to drink or use other substances, and parental values concerning abstinence” (p. 20). Among other psychosocial factors, Otting and Beauvais (1987) cited as the principal determinants of drug abuse or use include, peer clusters (gangs, best friend, or couples) and that community, socioeconomic status, neighborhood environments, family, religion, and the school setting the stage for involvement with drug using peer clusters.

Social workers should be mindful of the many facts that can contribute to the lack of retention of recovering addicts in faith-based agencies. Social workers must become aware, or familiar with, the faith-based paradigm and its usefulness in addressing recovering addicts’ problems. Social workers must seek to involve and utilize this resource.

Why recovering addicts lacked interest and left the church six to twelve months after they become members of the Emmanuel Institutional Baptist Church and Jones Memorial Baptist Church was the basis for this research. These two faith-based

agencies sought ways to help recovering addicts understand the thrust of redemption.

The church, through its various ministries, taught recovering addicts that being redeemed from the power and guilt of sin, and converting to holiness, fellowship, and eternal reunion with God was necessary if they expected to be successful Christians.

Redemption is descriptive of the whole life and work of Christ, and it covers the whole range of what happens to man in his being reclaimed and saved by God in Christ (Van Deusen, 1960).

### Addiction and Recovery

Recovering addicts' lives are like closed-up houses. All their shameful secrets, embarrassing behaviors, and spoiled hopes lie hidden from view. The air of their lives is stale, because they have been afraid to open doors and windows to anyone else, for fear of being found out, rejected, or shamed (Friends in Recovery, 1994). Recovering addicts are opening the doors and windows of their lives when they admit the nature of their wrongs to God, themselves, and another human being. They are displaying themselves as they really are. Recovering addicts confessed that they feel terribly depressed about their lives (Patterson & Kim, 1992).

There are twelve steps to recovery of Christians that the Addiction Ministry at Emmanuel Institution and Jones Memorial Baptist Churches use in their ministry for addicts who are recovering from addictions. The first step in the twelve-step program is a spiritual journey toward wholeness; it forms the foundation for working the other steps.

In step one, recovering addicts admit that they are powerless over the effects of their separation from God; they admit that their lives have become unmanageable (Miller, 1993). Recovering addicts admit that they cannot stand it any more and plead for release. Recovering addicts surrender and face their pain face on. They have spent a lifetime avoiding, hiding, or medicating the pain. Step one is an opportunity for recovering addicts to face reality and admit that their lives are not working with them in control. They have hit bottom (Narramore, 1990).

Step two is about faith, trust, and believing. Recovering addicts come to believe that a power greater than themselves could restore them to sanity. Faith is not intellectualized, it just is. Faith is not manufactured, it is from God. Faith is not earned, it is a gift; faith is not optional, it is a must. God begins to show recovering addicts His ability by putting a simple seed of faith in their hearts. Step two helps recovering addicts acknowledge the seed of faith that God has given them. Step two is called "The Hope Step," (Friends in Recovery, 1994, p. 38). It gives recovering addicts new hope as they begin to see that help is available to them. Step two helps recovering addicts form the foundation for growth of their spiritual lives, which will help them become the person they want to be.

In step three, recovering addicts decide to ask God to take control of their will and their lives. They make a decision to turn their will and their lives over to the care of God, as they understand Him. Recovering addicts consider how well the present management of their lives is going. They consider their needs, God's ability, and the future. They take time to contemplate the changes. They make a decision that God is the only one

able to manage their lives, that His will for them is best. Step three is an affirmative step; it is time to make a decision (Seamonds, 1991, p. 108). It provides recovering addicts with an opportunity to turn away from behavior that fosters addiction, discouragement, sickness, and fear.

Recovering addicts take inventory of their lives in step four. They realize that there are areas of their lives that need attention. They also realize that they cannot see all those areas. Denial has kept them blinded to the dirt in their corners. Low self-esteem has kept them ignorant about the beauty and worth of their lives. In step four, recovering addicts made a searching and fearless moral inventory of themselves.

Step five is one of the most challenging steps that recovering addicts face in their recovery process, but it can be one of the most fulfilling in terms of removing themselves from isolation. In step five, the recovering addicts admit to God, themselves, and to other human beings the exact nature of their wrongs. The areas in step five are sensitive and personal; therefore, it is important to exercise care in choosing the person or persons with whom information is formally shared (Fowler & Hemfelt, 1990).

In step six, recovering addicts are ready to have God bring change into their lives; they realize that God cannot change them unless they are willing for Him to do so and so far they have not asked God for change. Recovering addicts are ready to have God remove all these defects of character from their lives in step six. Recovering addicts wait for God to do some internal work, and they must be sensitive to the changes that He is making in their hearts (Fowler & Hemflet, 1990). In step six recovering addicts quiet

their minds and open their hearts. Recovering addicts must have quiet time with God in order for Him to remove the distractions that sometimes shield them from reality.

Step seven requires prayer. Recovering addicts realize that they are on a sickbed, and the only one who can meet their needs is God. They realize that they are unable, but God is able. In step seven, recovering addicts humbly ask God to remove their shortcomings. Recovering addicts realize that they cannot hold anything back from God—there is no glimmer of hope in their own ability to control. They prepare for step seven by making sure that they have overcome the fear of letting go of their defects. They learn to draw nearer to God, by becoming comfortable in God's presence. Step seven presents recovering addicts the opportunity to turn to God and ask for removal of the parts of their characters that cause them pain.

In step eight, recovering addicts began to grow. They start doing what spiritually mature people can do—take responsibility for their actions without consideration for wrongs done to them by others. Recovering addicts make a list of all persons they have harmed, and become willing to make amends to them in step eight. Recovering addicts examine their relationship with the people that they have harmed and hurt and look at how they have hurt them. Recovering addicts help themselves by being as thorough as possible in their considerations and notes. Recovering addicts prepare for step eight by making room in their lives for reflection. They learn to let go of their resentments and start to overcome the guilt, shame, and low self-esteem they have found through their harmful actions. Recovering addicts made direct amends to such people wherever possible, except when to do so would injure them or others. Matthew 5:23-24 states,

*“Therefore, if you are offering your gift at the altar and there remember that your brother has something against; leave your gift there in front of the altar. First go and reconciled to your brother; then come and offer your gift.”*

Step nine involves personal contacts with those people who recovering addicts have harmed. Recovering addicts prepare for step nine by making the list in step eight as complete as possible and by being willing to make the amends (Friends in Recovery, 1994). God will give recovering addicts special insight and direction. He will also help them overcome the fear and apprehension that crops up.

Recovering addicts continue to take personal inventory in step ten and, when they were wrong, promptly admitted it. A periodic inventory must be taken in step ten. Recovering addicts need to set aside regular times for personal inventory. Step ten points the way toward continued spiritual growth; recovering addicts consciously examine their daily conduct and confess their wrongs where necessary (Bright, 1983).

In step eleven, recovering addicts seek, through prayer and meditation, to improve their conscious contact with God, as they understood Him, praying only for knowledge of His will for them and the power to carry that will out. Step eleven is communicating with God; it is the process of learning the intimacy and power of prayer and meditation seriously. They need to develop an appreciation for prayer and meditation. If recovering addicts struggle with step eleven, they should seek counsel with a minister, talk with an experienced program member, or otherwise seek help and insight.

Step twelve is a time for noticing growth. Recovering addicts take time to appreciate the spiritual growth in their lives. They share the program with others and

continue to practice the principles of the steps in every area of their lives. They have had a spiritual awakening as the result of these steps; they have tried to carry this message to others, and to practice these principles in all their affairs. Step twelve completes the climb of the spiritual mountain. Recovering addicts now realize that all the events of their lives have pulled together to show them their connection to God. “Their spiritual awakening has changed them, so now they have the capacity to live their lives as an expression of God’s will” (Friends in Recovery, 1994, p. 212).

Friends in Recovery have adapted the 12 steps listed above. The traditional 12 steps that are used in the Alcoholics Anonymous are as follows: Step one: The admittance that we are powerless over our addiction and our lives are unmanageable. Step two: Come to believe that a Power greater than we could restore us to sanity. Step Three: Make a decision to turn our will and our lives over to the care of God, as we understood Him. Step Four: Make a searching and fearless moral inventory of ourselves. Step Five: Admit to God and ourselves and others the exact nature of our wrongs. Step Six: We are ready to have God remove all these defects of character. Step Seven: Humbly ask Him to remove our shortcomings. Step Eight: Make a list of all the persons we harmed and become willing to make amends to them all. Step Nine: Make direct amends to such people wherever possible, except when to do so would injure them or others. Step Ten: Continue to take personal inventory and when we were promptly admitted it. Step Eleven: Seek through prayer and mediation to improve our conscious contact with God, as we understand Him, praying for knowledge of His will for us, and the power to carry that out. Step Twelve: Having had a spiritual awakening as the result



of these steps, we tried to carry this message to addicts, and practice these principles in all our affairs (Alcoholics Anonymous, 1976).

‘The war on drugs has become one of American’s national priorities.

“There is a long list of drugs that humans use on a regular basis (alcohol, glue sniffing, heroin, morphine, codeine, marijuana, pot, grass, LSD, DMT, STP, acid, coke, crack, cocaine, flake, toot, goof balls, downs, barbiturates, etc.) however, alcohol is the greatest drug addicting substance in our land” (Miller, 1993, p. 41).

The addiction to alcohol causes people to lose their homes, health, happiness, careers, bank accounts, businesses, children, and their souls. The most cherished thing in any person’s life can be lost when they allow drugs to come into their life and take control of it (Capell-Sowder, 1984).

While there is a growing recognition that social support may help former addicts to maintain their sobriety (Galanter, 1993), considerably less is known about its role in protecting recovering addicts from risk conditions that may interfere with the early stages of recovery, or its part in preventing treatment attrition (Dobkin, De Civita, Paraherakis, & Gill, 2002). A study, conducted in 1998, showed that improving a recovering addict's retention is an important goal of treatment. Addicts who successfully complete treatment are at lower risk for relapse following treatment (Toumbourou, Hamilton, & Fallon, 1998). The presence of social support may have served to encourage recovering addicts to comply with program regimens (McCrady & Langenbucher, 1996). However, the data reported on treatment retention to date fail to provide information about the probability of attrition and the timing of its occurrence. Further research, that specifically assesses for

functional social support, is required to determine whether recovering addicts who begin treatment with high functional support show lower rates of attrition than those with low functional support (Dobkin, et al. 2002).

There is a model for recovery that is based on the work of Prochaska, DiClemente, and Norcross (1998). They suggested that recovery from substance addiction involves definite stages. The first stage is precontemplation, (40% of the substance abusing population is thought to be in this stage), during which the individual is actively abusing chemicals and it has not occurred to him/her to try and abstain from drugs. This stage can continue for years or even decades and denial is most prominent (DiClemente & Prochaska, 1998). The next stage is contemplation, in which addict is entertaining the idea of giving up drugs “one of these days.” Forty percent of the substance abuse population is in this stage. During this phase, the individual remains ambivalent about the possibility of change but has a growing sense of dissatisfaction with his/her substance using lifestyle (DiClemente & Prochaska, 1998). Only 20% of substance abusers can be found in the last three stages of this model. According to Brown (1997), this next stage is the determination stage. During this phase of recovery, the individual begins to make the cognitive changes necessary to support his/her attempt at abstinence. The actual initiation of abstinence is known as the recovery stage. It is during this phase that the individual becomes actively engaged in the process of change and takes the first steps towards his/her recovery (DiClemente & Prochaska, 1998). Relapse is a very real danger during this phase of recovery, but it does not automatically signal a treatment failure (Burge & Schneider, 1999). Finally after the individual has

abstained from recreational chemical use for at least six months, he/she enters the maintenance phase. During this phase the individual learns that they might have to confront personal issues that contributed to, or at least supported, his/her use of chemicals. It is during this phase of recovery that the individual must learn the skills necessary to support a drug free lifestyle (Prochaska, DiClemente, & Norcross, 1992).

### Spirituality

The early members of Alcohol Anonymous viewed addiction as a disease not only of the body, but also of the spirit. In doing so, they transformed themselves from helpless victims of addiction into active participants in the healing process of recovery (Doweiko, 2002).

Addiction itself was viewed as resting upon a spiritual flaw within the individual. The addicted person was viewed as being on a spiritual search. They are really looking for something akin to the great hereafter, and they flirt with death to find it. They shoot, snort, drink, pop or smoke those means, as they have to leave there pain and find their refuge. At first, it works. But then it doesn't. (Baber, 1998, p. 29).

Personal spiritual development requires an awareness of personal sin (Dudley, 1993). Lamentations 3:40 states, *"Let us examine our ways and test them, and let us return to the Lord."* Personal examination of recovering addicts' lives will give them insight into the ways in which they have turned away from God and become self-destructive. Recovering addicts at Emmanuel Institutional Baptist Church and Jones

Memorial Baptist Church admitted that they were sinners and that they recognized that if they wanted to develop a deep spiritual life, they must first recognize what needed to be righted or reoriented in their lives. However, 76% of them admitted that they did not feel any excitement or joy within themselves. During an interview by the author with recovering addicts, they admitted that human nature is not sinful by nature; they felt that sin was something outside of them - Satan or social circumstances - that accounts for sin, and not the human condition itself.

People who believe that human nature is not totally depraved might also be expected to believe that good Christians should be perfect. Most people credit Jesus with having compassionate understanding of the moral failures of His followers. Jesus, the Christian model and living sign of the mind of God, accepted human weakness, understood human failure, and was patient with human efforts (Chittister & Marty, 1983).

### Retention/Relapse

In the last decade of the 20<sup>th</sup> Century, it was discovered that total abstinence following treatment was the expectation rather than the norm. Most graduates of treatment programs, it was found, still use chemicals occasionally with alternating periods of abstinence and relapse (DeJong, 1994). "Understanding the determinants of relapse - those telltale signs - will enable the recovering addict to prevent the disastrous return to substance abuse that many individuals experience" (Lewis, Dana, & Blevins, 1998, p. 110). Relapses are related to high-risk situations. High-risk situations are very

general incidents, occurrences, or situations that threaten recovering addicts' sense of self-control and increase the probability of their return to substance use. Cumming, Gordon and Marlatt (1980) analyzed the precipitants to relapse in a large number of substance abusers and found that negative emotional states accounted for 35% of relapse, interpersonal conflicts accounted for 16%, and social pressure accounted for 20% Dimeff and Marlatt (1995) reported that fully 75% of all relapse involved the failure to deal successfully with high-risk situations.

There is strong evidence to support having relapse prevention as a part of treatment for addiction. There are several relapse models that can be used. The Disease Model, where relapse is concerned as a part of the disease of addiction. The Social-Learning Theory, where substance abusers are given skills training and other interventions that allows them to function normally. The Biopsychosocial Model encourages substance abusers to deal with the physical and cognitive problems related to withdrawal, which affects their risks for relapse. "Although relapse prevention programs are not 100% effective, they do seem to provide support for the individual in the earliest stages of recovery, when she or he is most vulnerable" (Doweiko, 2002 p. 378). There is strong evidence that relapse prevention programs are effective (Irvin, Bowers, Dunn, & Wang, 1999). Such programs may very well combat the sense of demoralization, anger, and depression that seem to characterize those individuals most prone to relapse, according to Miller and Harris (2002).

## The Black Church

The contemporary community and economic development activities of the black church build on a long distinguished tradition of self-help. This African tradition resurged in the United States during the late 18<sup>th</sup> century, through the efforts of free blacks to develop mutual aid groups and societies. One of the earliest groups was founded in Philadelphia, in 1787, by Richard Allen and Absalom Jones (Hill, 1994). In addition to providing spiritual and moral uplift, these early mutual aid groups performed important social and economic welfare functions for the black freedmen. Thus, many social institutions evolved from them, such as schools, colleges, orphanages, homes for the aged, hospitals, and day - care centers. (Hill, 1994). Hill (1994) also noted that many of these important social institutions in the African - American community originated either directly from the black church, or through the support of ministers who were active in allied mutual aid groups. Billingsley and Caldwell (1994) state that historically black churches have been involved in all aspects of the lives of their members, including political, economic, educational, and social concerns. The study conducted by Billingsley and Caldwell (1994) suggest that under conditions of crisis in the African - American community, people will turn to the black church for leadership and guidance. Under those conditions, where there is an established, reasonably severe church, and where there is a minister who is secure, visionary, bold, and imaginative, the church tends to be propelled into the community.

Federal monetary aid to churches to use set up faith-based agencies that would serve the community. President Bush plans to put millions of dollars into drug treatment

through faith-based agencies (AJC, 1/29/03). Limitations of collaborating with black religious institutions have been identified in the literature and include (Braithwaite, Taylor, & Austin, 2000, p. 78). A study by Rubin et al. (1994) quantifies the shortage of programs, resulting from the reluctance of black religious institutions to address health issues related to sexuality and drug abuse. There was a survey of 635 northern black churches, nonmember youths from low-income homes. Of these 176 churches, 27 have parenting/sexuality and substance abuse programs, six had youth AIDS support programs, and only four have youth health-related programs (Rubin et al., 1994). The study concluded that black churches were not addressing some of the most serious problems facing black youth. These studies provide useful information regarding factors that contribute to lack of retention among recovering addicts. The researcher of this study believes that the studies previously mentioned can be generalized to the populations that are under current study.

### Theoretical Framework

The researcher used the transpersonal theory to explain retention among substance abusers in faith based treatment agencies. Abraham Maslow heralded the beginning of a new movement in psychology dedicated to understanding “the farther reaches of human nature” (Robbins, Chatterjee, & Canada, 1998, p. 360). Transpersonal theory has not yet been incorporated into social work to a significant degree. Several authors have introduced basic ideas of contemporary transpersonal theory into the social work literature (Canda, 1991).

The most obvious point of connection between transpersonal theory and social work is in the recently expanding area of spiritually sensitive practice (Bullis, 1996). This posits that the twelve steps to recovery that was published by Friends in Recovery in 1994, has all of the basic and primary steps that recovering addicts need to use once they make their initial step and admit that they are addicts and are separate from God. When recovering addicts, through their spiritual development, learn what faith is and begin to trust and believe in God, others and themselves, then they can ask God to take control of their lives. God will bring the changes in the recovering addicts' lives that are necessary for them to be cured through prayer and meditation. They will be spiritually aware that they, recovering addicts, are sinners and realize that there is personal sin in their lives and God can and will forgive them if they are true and faithful to His word.

#### Definition of Terms

Addiction Ministry- A support/counseling group of Christians who were addicts. The group meets weekly with other addicts and their family members.

CUAA- Christians United Against Addiction.

EIBC- Emanuel Institutional Baptist Church.

F.A.N.S.- Former Addicts Now Saved.

JMBC- Jones Memorial Baptist Church.

Recovery- Healing from substance abuse.

Faith-Based Agencies - Religious organizations that will benefit the community in some way and are federally funded.



### **Hypothesis**

**The hypothesis of this study is as follows:**

**There will be significant statistical difference among retention of recovering addicts in the two churches under review in this research.**

**The null hypothesis is a follows:**

**There will be no significant statistical difference among retention of recovering addicts in the two churches under review in this research.**

### **Variables**

**For the purpose of this study, substance abuse is the independent variable. The dependant variable is retention in faith-based agencies.**

## CHAPTER III

### METHODOLOGY

#### Research Design

This study utilized an exploratory descriptive design. This research design was appropriately selected and utilized, primarily because after a careful literary search and numerous computer searches, the researcher found little literature, instruments, or measures that addressed the hypothesis of the study.

#### Description of the Setting

There were two groups of respondents for this study: recovering addicts who left the church and those who stayed. The Emmanuel Institutional Baptist Church (EIBC) and Jones Memorial Baptist Church (JMBC) are non-profit Christian bodies located in central north Philadelphia. The purpose of the EIBC and JMBC is to carry out and mandate the mission of Jesus Christ, which is to seek and save those that are lost in sin. They exist to provide the teachings of Christ (via the Word of God), spiritual guidance, and counseling and outreach ministries to residents all over the city of Philadelphia, its surrounding suburbs and New Jersey.

There are several ministries at these churches that are designed to support the mission of the church and be an outreach source for its members. The Addiction Ministry at both churches is a part of the outreach aspects of the church. Those who are a

part of the Addiction Ministries do not have to be members of either church. The Addiction Ministry's main focus is on addiction and themselves. They do not concern themselves with anything that does not evolve around addiction. The people involved with the Addiction Ministry have a strong belief that recovering addicts cannot handle problems that are not the same or similar to the problems that they have.

### Sampling

A non-probability convenience centered technique was used for this study. The population for this study involved recovering addicts. The sampling component was made up of fifteen recovering addicts that had not left the church after one year and fifteen recovering addicts who left within less than a year. The sample of thirty recovering addicts were chosen based on their involvement with the Addiction Ministry at either EIBC or JMBC. The information was self-reported by the sample population. The participants in the study were all over the age of twenty. Both men and women participated in this study. The education level of the participants varied.

### Data Collection and Instrumentation Procedure

To perform the study with recovering addicts, the researcher had to get permission from the pastors at both churches. Using a non-probability sampling, the church clerk provided the list of participants. The participants were willing to participate and agreed to complete a 15-item survey regarding demographics. Once approval was granted, potential participants were informed about the study and its purpose. The

researcher informed those who agreed to be a part of the study that their participation was strictly voluntary and that they had the right to withdraw their consent at any time without judgment or penalty. They were also informed that the information they supplied would be kept confidential and destroyed once the study was completed. The questionnaire was administered and took approximately 20 minutes. Once they participated completed the questionnaire they placed them in a large manila envelope.

The questionnaires were distributed to the participations during their weekly addiction meeting. Included in the questionnaire for recovering addicts was what drugs were used, how long you have used them, when did you join the church, did you join the church through the Addiction Ministry, are your family members supportive. The researcher used the demographics questions to see if demographics had anything to do with recovering addicts' use of drugs (were there more drugs used on the urban areas than in suburban areas). Also, questions on education were asked to see if recovering addicts were educated, and if so, what was their level of education, and if there were more uneducated people using drugs than educated people. A number of true and false statements were also included on the questionnaire to see if recovering addicts had searched themselves and also to see if they had positive feelings about being part of Christian Addiction Ministry. The answers by the recovering addicts, to the true and false statements, gave the researcher an idea of how the recovering addicts felt about themselves. Those statements were: I am aware of the twelve steps to recovery; I believe I can be healed 100% from my addiction; I still hang out with my addiction friends; I attend a Christian rehabilitation center; other members of my family use drugs; I

participate in group discussions at my meetings; I seek help when I become depressed; I blame my failures on others. The researcher also asked the following open ended question: why did you choose a Christian Addiction Program; have you really committed your life to Christ; what will be the deciding factor in you leaving the church or remaining once you have completed the program?

### Data Analysis

The method of data analysis that the researcher applied was the use of the statistical computer program Social Sciences Windows (SPSSWIN). The inferential statistics consisted of Chi-Square test and central tendency. The data will be displayed in charts and tables; the data will also be presented in table and graphs form.

## CHAPTER IV

### PRESENTATION OF FINDINGS

This study was designed to examine whether a statistically significant relationship exists among recovering addicts and retention in a faith-based agency. This chapter will include demographic profile, as well as, an analysis of the hypothesis under study. This chapter will provide details of specific questions collected from the 30 participants of this study. Graphs and tables will be utilized to illustrate responses to specific questions, with additional graphs located in the Appendix.

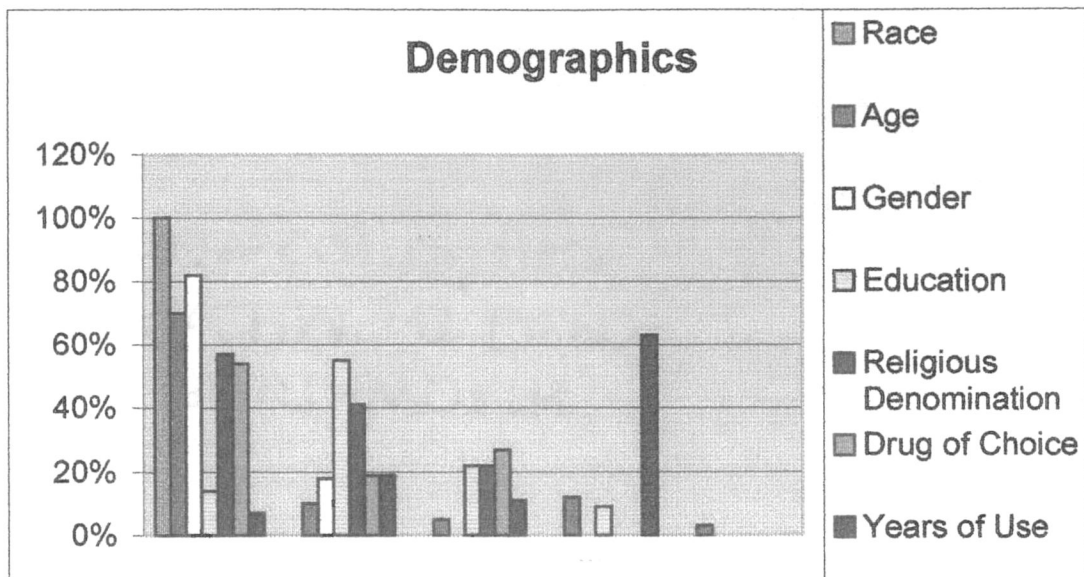
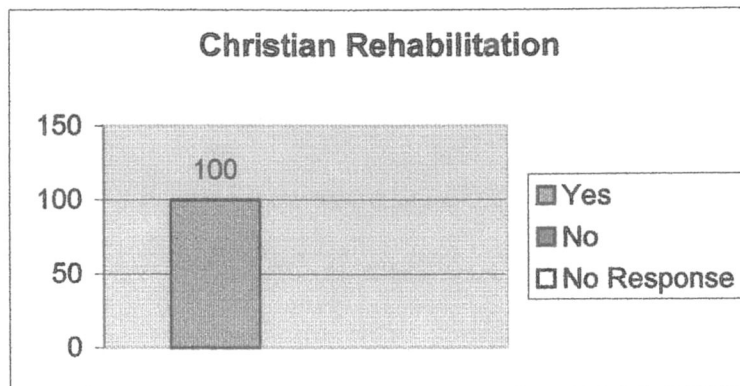


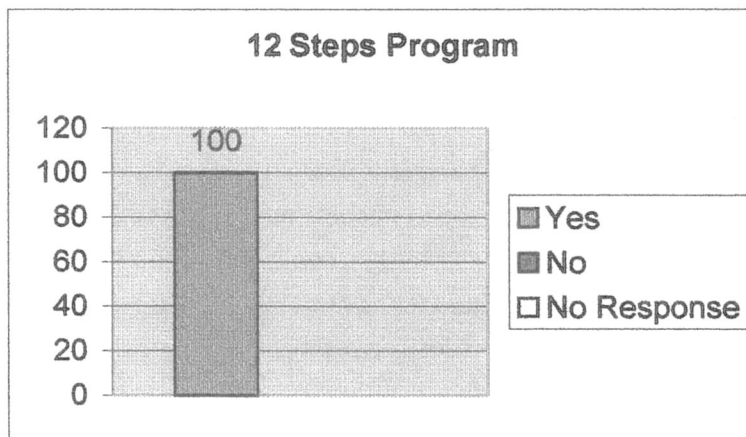
Figure 1. Demographics

The demographics of the participants are indicated in Figure 1. According to Figure 1, 70% of the recovering addicts were between the ages of 30-34, 10% were between the ages of 20-24, 12% were between the ages of 40-44, 3% were between the ages of 35-39 and 5% were between the ages of 25-29.



**Figure 2.** Number of participants involved in Christian Rehabilitation Center

Figure 2 shows the response to whether or not the participants are involved in a Christian Rehabilitation. One hundred percent of the participants were members of a Christian Rehabilitation.



**Figure 3.** Twelve Step Program

Figure 3 shows that all of the participants are aware of the twelve-step program.



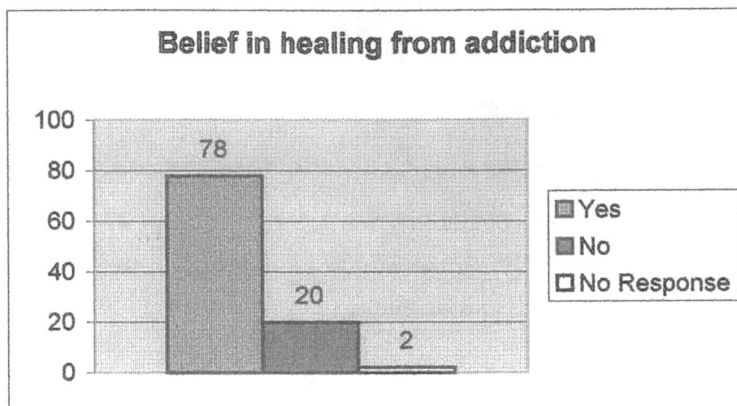


Figure 4. Participates belief in being healed from addiction

Figure 4 indicates that seventy-eight percent of the participants indicted they believed they could be healed from their addiction, 20% indicated they could not, and 2% did not bother to answer that question. Twenty-two percent of the recovering addicts said that they still hang out with their old addiction friends and 78% said they did not. Thirty percent of the recovering addicts' family members used drugs and 60 percent of their family members did not use drugs; and ten percent of the recovering addicts did not answer that question.

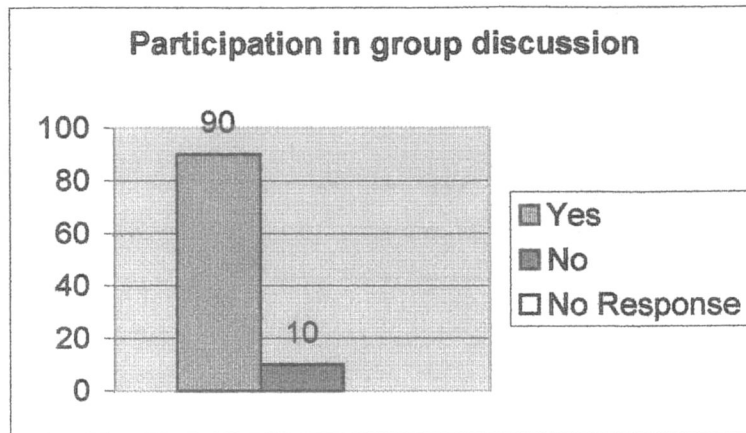
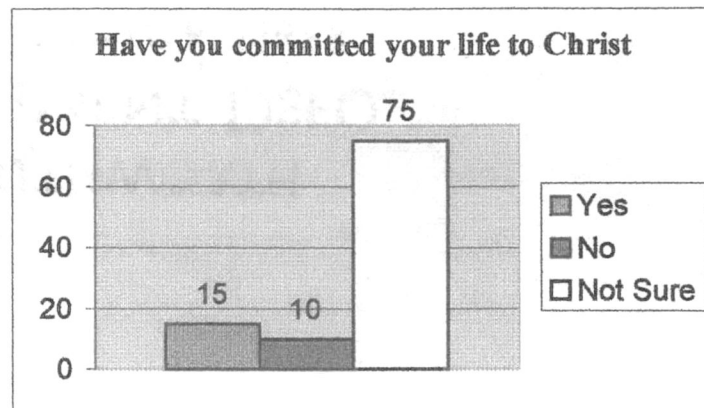


Figure 5. Percentage of participants involved in group discussion

As shown in figure 5, almost all of the recovering addicts participate in-group discussions (90%) and ten percent indicated that they did not participate in-group discussions. Seventy-five percent of the recovering addicts indicated that they seek help when they become depressed, 20 percent indicated they did not seek help, 5 percent did not answer the question.



**Figure 6.**Percentage of participants committed to Christ

Seventy-five percent of recovering addicts indicated they were not really sure if they had committed their lives to Christ, 10% said that they had not really committed their lives to Christ and 15% said yes they had committed themselves to Christ.

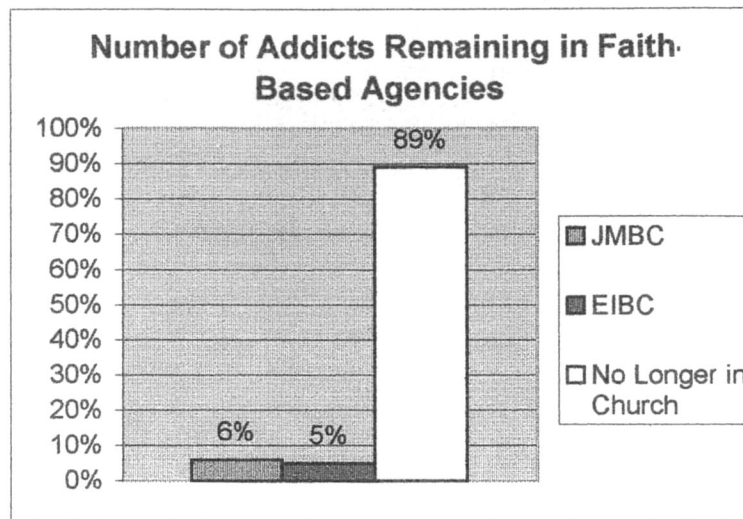


Figure 7. Percentage of participants remaining in faith-based agencies

Figure 7 shows the difference between the two faith-based agencies rates of retention. Six percent of the recovering addicts at JMBC remained, 5% remained at EIBC and 89% left the program within a year or two.

## CHAPTER V

### SUMMARY AND CONCLUSIONS

This chapter will provide a summary of the findings and conclusions of the study. The chapter is arranged to present the study's hypothesis in relationship to the findings, with a discussion of the limitation of the study and directions for further research.

The study's null hypothesis stated that there would be no difference among retention of recovering addicts in the two faith-based agencies. The chi-square analysis of variables related to retention among faith-based agencies, demonstrated a statistical significance at the .05 level among both groups. The results in Figure 6 indicate that there is only a 1% difference in the agencies retention. Therefore, this proves the null hypothesis is accepted. This finding indicated that both agencies are similar in their retention rates. Due to limited research studies, in the area of retention among recovering addicts in faith-based agencies, it is unknown whether or not this study's finding is supported in the literature.

The participants were males and females between the ages of 21 to 44 years of age. They were all African American. The greater percentage (58%) of the participants had graduated from high school, with a lower percentage (10%) having graduated from college. The greater percentage of participants used only cocaine/crack with a lower percentage using marijuana.

The questionnaire asked recovering addicts to respond to eight true and false questions. The researcher concludes from the answers, that the recovering addicts are aware that they can be helped and healed from their addictions. Recovering addicts attend Christian Rehabilitation centers. Some of the recovering addicts associate with their old buddies. Thirty-five percent of the recovering addicts blame their failures on others.

It was suspected that a great number of recovering addicts who joined EIBC and JMBC left the agencies before the end of a year. Data collected from the church clerk revealed that 581 recovering addicts joined the EIBC and JMBC in the two-year period between January 1, 2001 and December 31, 2002. As of January 26, 2003, only 11 percent of the recovering addicts were still attending the church; which means that 89 percent of the recovering addicts that joined the church were no longer attending. Of the eleven percent that was still attending church, nine percent was actively involved in other ministries of the church.

### Recommendations

The recommendations that were made to the church included support groups, and individual counseling for the recovering addicts. Recovering addicts attend faith-based rehabilitation centers because they realize that they must surrender their lives to a Higher Power. Many recovering addicts have attended secular rehabilitation centers and hospitals to help them “dry” out, but they return to drugs a few days or weeks after they

are released from those centers. Recovering addicts realize that they must become involved in other ministries of the church, focusing programs that the church has to offer.

### Conclusions

The conclusions of this study note that recovering addicts want to be helped in their addictions. Recovering addicts need to be involved in the ministries that the church has to offer. They need to be made aware of the ministries and know they are not slipping through the cracks and forgotten the moment they leave group meetings, or the moment they give their hand to the pastor and their heart to Christ.

### Limitations of the Study

In conducting this study, the limitations involved were the small sample size of 15 recovering addicts from each faith-based agency. The sample size prevents generalizing about the findings to the population as a whole, and restricts the findings to the participants that were studied. The recovering addicts were of the Christian faith. The researcher did not consider other faiths.

### Suggested Research

There is a great deal to be learned about retention among substance abusers. Further studies might examine the perception of the staff of faith-based agencies in regards to retention. Examining retention among substance abusers calls for further empirical understanding through large and diverse samples.

## CHAPTER VI

### IMPLICATIONS FOR SOCIAL WORK PRACTICE

For many years the focus of substance abuse has been on prevention and little to nothing is said about recovery and treatment. For social workers treating recovering addicts they will need to have knowledge of the different types of treatment approaches realizing that not one specific treatment will fit every client.

Social workers must also look at the psychosocial factors that affect the recovering addicts. Many addicts are homeless and will require help finding housing as well as jobs. Recovering addicts have families who have been affected by their substance. Social workers must be willing to work with families as a whole in order to assist them with understanding the cycle of addiction and how it affects the whole family, not just one person. Social workers may need to consider including family counseling as a part of the treatment process.

Recovering addicts require numerous resources and workers must be able to assist them in accessing the limited resources that are available for substance abusers. There are a number of addicts that have dual diagnoses of substance abuse and mental illness. There are very few resources for persons with dual diagnoses. As more and more faith based agencies are moving into social services areas, workers will need to understand the mission that these agencies have and how they will collaborate with faith-based agencies towards helping their clients.



Cocaine users have a tendency to suffer from respiratory system dysfunction, cardiovascular system damage, and hypertension, sudden dissection of the coronary arteries, sudden death, tachycardia and myocarditis (Dowekio, 2002). For these reasons recovering addicts will need health screenings.

## APPENDICES



# CLARK ATLANTA UNIVERSITY

Whitney M. Young, Jr.  
School of Social Work

## APPENDIX A:

### Consent Letter

Dear Research Participants

I am a graduate student at the Clark Atlanta University's Whitney M. Young, Jr., School of Social Work, Atlanta, Georgia. The subject of my Masters Thesis is: "An Exploratory Descriptive Study Regarding Factors That Contribute To Lack of Retention of Recovering Addicts in Faith-Based Agencies."

As a part of this research project, you are being asked to fill out the questionnaire and return it to the facilitator when completed. The questionnaire will take approximately 15 to 20 minutes to complete. Your participation in this research study is entirely voluntary and you may refuse to participate or withdraw your consent at any given time without penalty. There is no compensation for your participation in this study.

b

I assure you that all information collected in this study will be completely confidential. In all written material and/or oral presentation in which I might use material from the questionnaire that you have filled out, I will not use your name or any other identifying information. If I were to use materials in any way that is not consistent with what is stated above, I would ask for your additional consent. All questionnaires will be destroyed upon completion of this project.

In signing this form, you are also assuring me that you will make no financial claims for the use of material that you submit on the questionnaire. Thank you in advance for your assistance and cooperation.

Sincerely,

Angela P. Daniels

Professor Hattie Mitchell  
Thesis Advisor

223 JAMES P. BRAWLEY DRIVE, S.W. • ATLANTA, GEORGIA 30314-4391 • (404) 880-8000

*Formed in 1998 by the consolidation of Atlanta University, 1865, and Clark College, 1869*

## APPENDIX B:

### RECOVERY QUESTIONNAIRE

#### Section I: Demographics

1. Gender: Male or Female \_\_\_\_\_
2. How old are you? \_\_\_\_\_
3. What is the highest level of education you have completed? \_\_\_\_\_
4. What is your race: Black, White, Hispanic, Other? \_\_\_\_\_
5. What is your Religious Preference? Christianity, Catholic, Muslim, Other  
\_\_\_\_\_
6. What is your drug of choice? Circle all that apply: Cocaine, Alcohol, Marijuana,  
Heroin or LSD
7. How many years did you use drugs or alcohol before getting treatment? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

#### Section II: True or False Question:

8. Do you attend a Faith-Based Rehabilitation Center? \_\_\_\_\_.
9. Are you aware of the 12 Step Recovery Program? \_\_\_\_\_.
10. Do you believe that you can be healed from your addiction? \_\_\_\_\_.
11. Do you still associate with your friends that use drugs or alcohol? \_\_\_\_\_.
12. Is there anyone in your family that has used drugs or is currently using drugs?  
\_\_\_\_\_.
13. Do you participate in-group discussion during addiction meetings? \_\_\_\_\_.
14. Did you first seek help for your addiction because you were depressed? \_\_\_\_\_

APPENDIX B (Continued)

15. Do you blame others for your failures? \_\_\_\_\_.

Section III: Open Ended Questions:

16. Why did you choose a Faith-Based Rehabilitation Center? \_\_\_\_\_.

17. Have you committed your life to Christ? \_\_\_\_\_.

18. What would be the deciding factor in you leaving JMBC or EIBC's Addiction Ministries? \_\_\_\_\_  
\_\_\_\_\_.

APPENDIX C:  
ADDITIONAL FIGURES

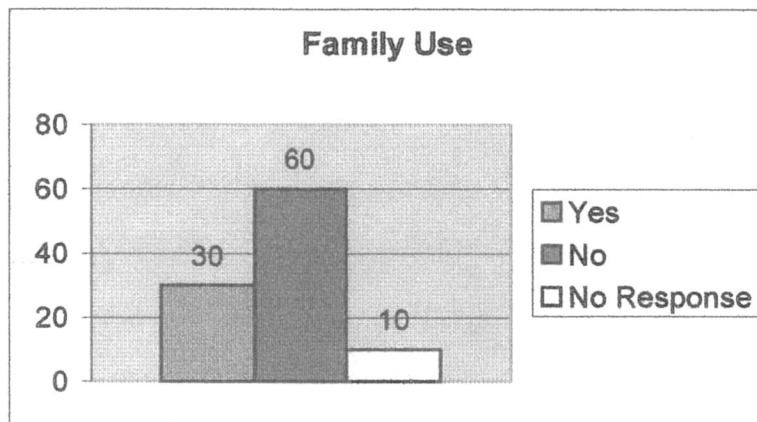


Figure 1.

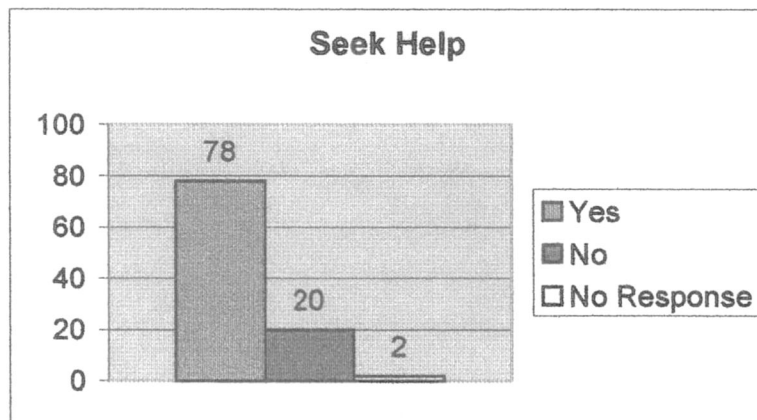


Figure 2.

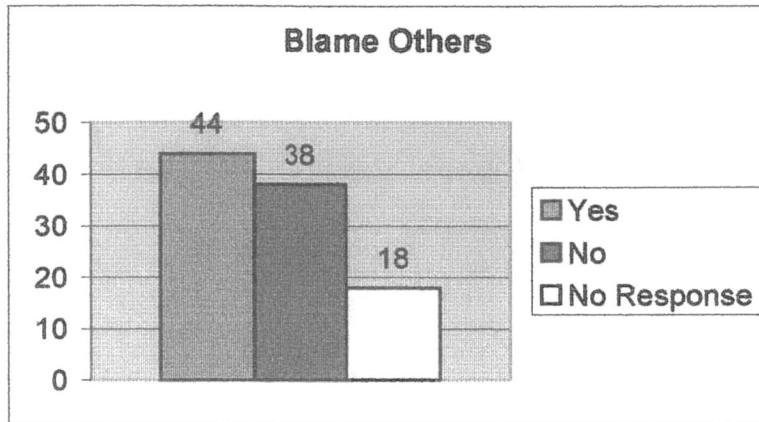


Figure 3.

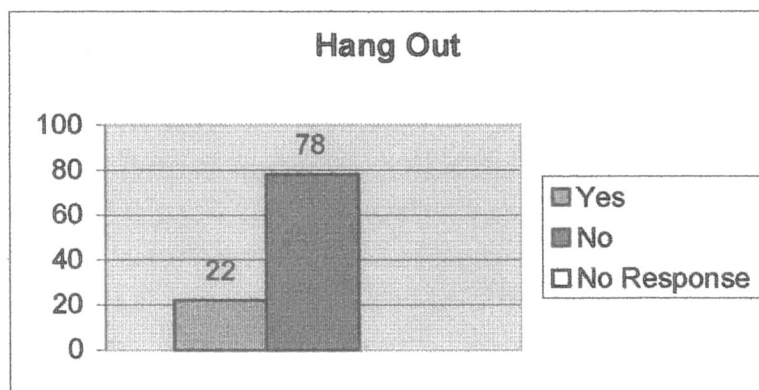


Figure 4.

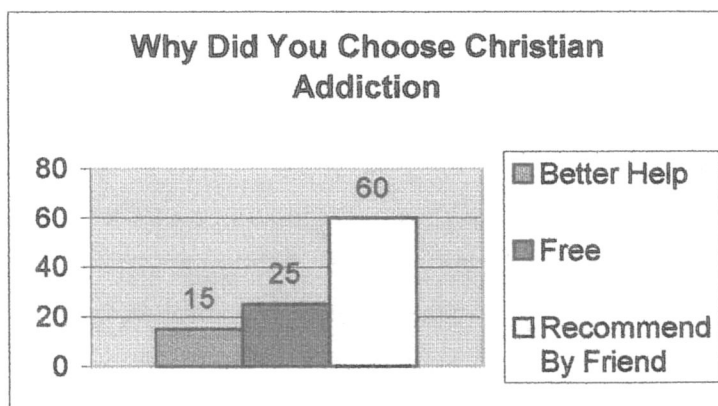


Figure 5.

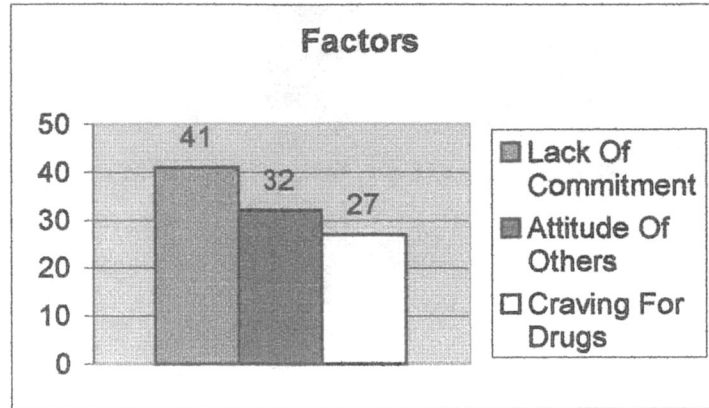


Figure 6.



## REFERENCES

- Alcoholics Anonymous. (1976) New York: Alcoholics Anonymous World Services. B
- Barber, A., (1998) Addictions Poster Child. Playboy, 45 (5), 29.
- Billingsley, Andrew, Caldwell, Cleopatra (1994) "The social relevance of the black church", National Journal of Sociology, Vol. 8, Summer/Winter, pp. 9.
- Braithwaite, Ronald, Taylor, Sandra, Austin, John (2000). Building health coalitions in the black community. California: Sage Publications, Inc. p. 78.
- Bright, B. (1983). The Christian and the abundant life. Here's Life Publishers, Incorporation: San Bernardino. p. 28
- Brisbane, F.L. and Womble, M. (1985). The treatment of black alcoholics. N.Y.: Haworth, pp. 10-12.
- Bullis, Ronald K. (1996). Spirituality in social work practice. Washington, DC: Taylor and Francis.
- Burge, S.K., & Schneider, F.D. (1999). Alcohol-related problems: Recognition and intervention. American Family Physician, 59, 361-370.
- Canda, E. R. (1991). East/west philosophical synthesis in transpersonal theory. Journal of Sociology and Social Welfare, 18(4), pp. 137-152.
- Capell-Sowder, K. (1984). Co-dependency, an emerging issues. Pompano Beach: Health Communications, Inc. pp 19-23.

Charken, J. M., & Charken, M. R. (1990). Drugs and predator crime, (M Tonry, JQ Wilson) In Drugs and crime (Crime and justice : A review of the literature, vol. 13) Chicago: University of Chicago. Pp 203-239

Chittister, J.D. and Marty, M.E. (1983). Faith & Ferment. Minneapolis: Augsburg Publishing House.

Crossland, W. (1949). How to increase church membership and attendance. New York: Abingdon-Cokebury Press. p. 103.

Cummings, C., Gordon, J. R., and Marlatt, G. A. (1980). Relapse: Prevention and prediction. In W.R. Miller (Ed.), The addictive behaviors. New York: Pergamon Press

DeJong, W. (1994). Relapse prevention: An Emerging technology for promoting long-term abstinence. International Journal of the Addictions, 29, pp 681-785

Di Clemente, C.C., & Prochaska, J. O. (1998). Toward a comprehensive, transtheoretical model of change. In Treating addictive behaviors (2<sup>nd</sup> ed.) (Miller, W.R., & Heather, N., eds.). New York: Plenum.

Dimeff, L.A., and Marlatt, G.A. (1995). Relapse prevention. In Handbook of alcoholism treatment approaches (2<sup>nd</sup> ed.) (Hester, R. K., and Miller, W. R., eds.) New York: Allyn & Bacon.

Dobkin, Patricia, L., De Civita, Mirella, Paraherakis, Antonios and Gill, Kathryn (2002). The role of functional social support in treatment retention and outcomes among outpatient adult substance abusers. Addiction, 97, pp. 347-356.

Doweiko, Harold. (2002). Concepts of chemical dependency. CA: Brooks/Cole.

Dudley, R.L. (1993). Indications of commitment to the church: A longitudinally studies of church affiliated youth. Adolescence, 28, pp 21-27.

Fowler, R. and Hemfelt, R. (1990). Serenity: A companion for twelve-step recovery. Nashville: Thomas Nelson Publishers. Pp. 46, p. 215.

Fraizer, E. F. (1963). The Negro church in America. New York: Vintage.

Friends in Recovery (1994). The twelve steps for Christians. San Diego: RPI Publishing, Inc. p. 38, 212.

Galanter, M. (1993). Network therapy for addictpn: A model for office practice. American Journal of Psychiatry, 150, 28-36

Griffin, R. E. (1991). Assessing the drug-involved client. Families in Society: 72, 87-94.

Hill, Robert, B (1994). The Role of the Black Church in Community and Economic Development," In the National Journal of Sociology, Vol. 8, Summer/Winter, pp 149-150.

Irvin, J. E., Bowers, C. A., Dunn, M. E., and Wang, M. C. (1999). Efficacy of relapse prevention: A meta-analytic review. Journal of Consulting and Clinical Psychology, 67, 563-570.

Lewis, J. A., Dana, R. Q., and Blevins, G.A. (1988). Substance abuse counseling. Pacific Grove, CA: Brooks/Cole.

Lincoln, Eric C. (1974). The Black Church in American. Boston: Beacon Press, pp. 16.

McCrary, B. S., & Langenbucher, J.W. (1996). Alcohol treatment and health care system reform. Archives of General Psychiatry, 53, 737-746.

Miller, J. K. (1993). The taste of new wine and hope in the fast lane. Intervarsity Press: Downers Grove. p. 41.

Miller, W. R., and Harris, R. J. (2002). A simple scale of Gorski's warning signs for relapse. Journal of Studies on Alcohol, 61, 759-765.

Narramore, B. (1992). Recovering from Shame. Intervarsity Press: Downers Grove. p. 89

Otting, E. R. and Beauvais, F. (1987). Common elements in youth drug abuse: Peer clusters and other psychosocial factors. Journal of Drug Issues, 133-151.

Patterson, J. and Kim, P. (1992). The day America told the truth. New York: Prentice Hall Press. pp. 193-194.

Prochaska, J. O., DiClemente, C. C., and Norcross, J. C. (1992). In search of how people change. American Psychologist, 47, 1102-1114.

Richardson, T. M., and Williams, B.A. (1990). African Americans in treatment. Center City, MN: Hazelden Foundation.

Robbins, S. P., Canda, E. R., and Chatterjee, P. (1998). Contemporary human behavior theory: A critical perspective for social work. Needham Heights, MA: Allyn and Bacon.

Rubin, R. H., Billingsley, A., and Caldwell, C. H. (1994). The role of the black church in working with black adolescents. Adolescence, 29, 251-266.

- Seamonds, D. A. (1991). Healing for damaged emotions and healing grace. Intervarsity Press: Downers Grove. p. 108.
- State of the Union: Excerpts from the president's speech. (2003., January 29). The Atlanta Journal and Constitution, p. A7
- Toumbourou, J. W., Hamilton, M. and Fallon, B. (1998). Treatment level process and time spent in treatment prediction outcomes following drug-free therapeutic community treatment. Addiction, 93, 1051-1064.
- U.S. Bureau of the Census. (1996b). EEO files for 1990. Washington, DC: Author.
- Van Deusen, D. G. (1960). Redemptive counseling. Richmond: John Knox Press. p. 42.
- Ward, N.T., Billingsley, Andrew, Simon, Alicia and Burris, Judith Crocker (1994). Black Churches in Atlanta reach out to the community," In the National Journal of Sociology, Vol. 8, Summer/Winter, pp. 50.
- Zucker, R. A. (1991). Early developmental factors and risk for alcohol problems. Alcohol Health and Research World, 15 (1), 18-24.